

## APPLICANT SPECIAL ACCOMMODATIONS REQUEST FORM

Name: \_\_\_\_\_  
Current Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Section II - Information Regarding Your Disability and Requested Accommodations

What type of disability do you have? *Please indicate the specific diagnosis.*

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Who diagnosed your disability? Attach documentation indicating that person's credentials (e.g. M.D./Ph.D.)

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When was your disability first diagnosed?

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How does your disability substantially limit a major life activity?

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What accommodations have you received for this disability in the past?

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What accommodations are you requesting during the examination?

\_\_\_\_ Additional Time    Time and a Half    \_\_\_\_ Reader  
\_\_\_\_ Additional Time    Double Time    \_\_\_\_ Scribe  
\_\_\_\_ Separate Room    Other \_\_\_\_\_

**What accommodations have you received in the past for the following exams?**

National Physical Therapy Exam

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PT/PTA School Exams

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Undergraduate College Exams

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Standardized Exams (e.g., SAT, GRE, etc.)

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### **Section III - Documentation Requirements**

A comprehensive and current report (no more than three years old) from a qualified examiner appropriate for evaluating your disability must accompany this request form. The report must include the following:

- Name, title, credentials and area of specialization for the qualified examiner
- Specific diagnosis
- Specific findings in support of the diagnosis (include relevant test results)
- Recommendation for specific accommodations
- Rationale for requesting specific accommodations

The documentation must be submitted on professional letterhead, typed, signed with an original signature including title of evaluator and license number.

### **Section IV – Candidate Affirmation**

My signature on this form affirms that the information I have provided on this request is true and accurate. I have truthfully represented my disability, the impact it has on my daily life and my ability to take computerized examinations.

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Applicant Signature